

## Explanation of Affiliate Level Membership with the Governor's Office for Children and Families' Commercial Sexual Exploitation of Children (CSEC) Task Force

Affiliate level membership with the Governor's Office for Children and Families' Commercial Sexual Exploitation of Children (CSEC) Task Force is explained as:

Public, private, civic, faith-based and other organizations that are involved in initiatives, programs, activities and the like that are *affiliated* with impacting some aspect of the CSEC problem, and that elect to have their efforts and impact documented as a viable part of Georgia's CSEC work. These entities elect to not have a direct involvement with specific GOCF-CSEC Task Force projects, though their efforts are coordinated with or may in fact support, reinforce, or otherwise contribute to the success of such projects. Representatives of these organizations may or may not attend Task Force Work Group meetings. When they do so, it is strictly in role supportive of Work Group projects.

Affiliate level members have as much or as little involvement with CSEC Task Force workgroups as they choose. There are no time requirements or restrictions that Affiliate level members much adhere to in order to remain an Affiliate level member. Affiliate level members participate in the quarterly GOCF CSEC Task Force meetings and offer their support and coordinated efforts to workgroup projects as needed or requested.

Affiliate level members with the GOCF CSEC Task Force initially complete an Affiliate level application and sign a statement of request for Affiliate level membership. The purpose of requesting membership is to provide individuals and organizations with a formal, fair, and responsive process for becoming a member of the GOCF-CSEC Task Force. Affiliate level members are decided on by the Governor's Office for Children and Families.



## Instructions for Applying for Affiliate Level Membership with the Governor's Office for Children and Families' Commercial Sexual Exploitation of Children (CSEC) Task Force

To be considered for Affiliate Level Membership with the Governor's Office for Children and Families' Commercial Sexual Exploitation of Children (CSEC) Task Force, applicants must completely fill out the Official Statement of Request for Partner Level Membership with the Governor's Office for Children and Families' Commercial Sexual Exploitation of Children (CSEC) Task Force

All application packets must be completed and signed by the Director/CEO of the organization. Any received application packets that are incomplete and/or not signed by the Director/CEO of the organization will not be considered for Partner Level Membership on the CSEC Task Force.

## Completed application packets must be mailed to:

The Governor's Office for Children and Families Attn: Katherine Peterson 7 Martin Luther King Jr. Drive Suite 351 Atlanta, GA 30334

For any questions or concerns, please contact Katherine Peterson by email at <u>Katherine.Peterson@children.ga.gov</u> or by phone at 404-656-4202.



## Official Statement of Request for Affiliate Level Membership with the Governor's Office for Children and Families' Commercial Sexual Exploitation of Children (CSEC) Task Force

Today's Date:	
Organization:	
Address of Organization:	
Email Address:	
Cell Phone Number:	
Office Phone Number:	
Fax Number:	
Work Group Choice 1:	Choice 2:
Official Statement of Request for Affiliate M	embership
I,(Printed Name of Director/CEO)	, am applying for Affiliate Level Membership between
	and the Governor's Office for
I have received and read the Operations Guide ar role as an Affiliate Level Member. As the Director of me as an Affiliate Level Member of the Govern Sexual Exploitation of Children (CSEC) Task Force. role as an Affiliate Level Member on the Commer and understand completely what is required of magency representative are amenable to submitting	I have had the opportunity to ask questions about this cial Sexual Exploitation of Children (CSEC) Task Force by agency and me in this role. If requested by GOCF, I/or g to a background check at our own expense in order a work group project. I/or agency representative also
(Signature of Director/CEO)	(Date)